

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

PED Orthopedic Outpatient Upper Ext Post op Activity

Version 1 2/2/2016

- Up with Assistance as needed
- Upper Ext Weight-bearing Status
Right: [] As Tolerated [] Non Weight Bearing [] Partial
Left: [] As Tolerated [] Non Weight Bearing [] Partial
- Range of Motion Restrictions
Location: _____
Type: [] Active [] Passive [] As Tolerated
Elevation Degrees: _____
Internal Rotation Degrees: _____
External Rotation Degrees: _____

Equipment and Activity Aids

- Sling [] Apply/Maintain [] Maintain Only
Location: _____
Type: _____
Additional Instructions: _____
- Immobilizer [] Apply/Maintain [] Maintain Only
Location: _____
Type: _____
Additional Instructions: _____
- Cryocuff
- Adaptive Equipment
Type: [] Crutches [] Front Wheeled Walker [] Wheelchair [] Other _____
Additional Instructions: _____

Nursing Orders

- Post-op vital signs (Q15 Min X4, Q30 Min X2, Q1H X 4, Q4H X 4) then per unit standard of care
- Monitor CSM (Color/Sensation/Movement) to affected extremity with Post Op Vital Signs (Q15 Min X4, Q30 Min X2, Q1H X 4, Q4H X 4)
- Apply ice pack to _____
- Elevate Affected Extremity
Additional Instructions: _____
- Incision Care: _____
- Do not remove dressing
Reinforce if needed; Keep dry
- Splint
Do not remove; Keep dry
- Dressings Change
Type: [] Dry Sterile [] Wet to Dry [] With Packing
Begin On: _____
Frequency: [] Daily [] BID [] TID [] PRN
Additional Instructions: _____

Respiratory

- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 90%
- Pulse oximetry continuous

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Diet

- Clear Liquid Diet
 - Advance diet as tolerated Goal diet: Regular
- Additional Instructions: _____

IV Fluids - Maintenance

- Current IV @ _____ until taking PO well the KVO

Medications

Acetaminophen (TYLENOL) Weight Based Dosing

For weight 5 - 7.9 kg SELECT:

acetaminophen (TYLENOL)

- 80 milligram liquid orally every 4 hours as needed for mild-to-moderate pain

For weight 8 - 10.9 kg SELECT:

acetaminophen (TYLENOL)

- 120 milligram liquid orally every 4 hours as needed for mild-to-moderate pain

For weight 11 - 15.9 kg SELECT:

acetaminophen (TYLENOL)

- 160 milligram liquid orally every 4 hours as needed for mild-to-moderate pain

For weight 16 - 21.9 kg SELECT:

acetaminophen (TYLENOL)

- 240 milligram liquid orally every 4 hours as needed for mild-to-moderate pain

For weight 22 - 32.9 kg SELECT:

acetaminophen (TYLENOL)

- 320 milligram liquid orally every 4 hours as needed for mild-to-moderate pain
- 325 milligram tablet orally every 4 hours as needed for mild-to-moderate pain

For weight 33 - 43.9 kg SELECT:

acetaminophen (TYLENOL)

- 500 milligram liquid orally every 4 hours as needed for mild-to-moderate pain
- 500 milligram tablet orally every 4 hours as needed for mild-to-moderate pain

For weight greater than 44 kg SELECT:

acetaminophen (TYLENOL)

- 650 milligram liquid orally every 4 hours as needed for mild-to-moderate pain
- 650 milligram tablet orally every 4 hours as needed for mild-to-moderate pain

Ibuprofen (MOTRIN) Weight Based Dosing Age >/= 6 months

ibuprofen (MOTRIN)

- 10 milligram/kilogram orally every 6 hours as needed for moderate-to-severe pain ; age greater than or equal to 6 months; maximum 40 milligrams/kilogram per day
- 200 milligram tablet orally every 6 hours as needed for moderate-to-severe pain ; maximum 40 milligrams/kilogram per day
- 400 milligram tablet orally every 6 hours as needed for moderate-to-severe pain ; maximum 40 milligrams/kilogram per day

Analgesics: Opioids

HYDROcodone Bit/ Acetaminophen (HYCET)

- 0.1 milligram/kilogram orally every 4 hours as needed for moderate-to-severe pain ; MAX 5 mg
- 0.1 milligram/kilogram orally every 6 hours as needed for moderate-to-severe pain ; MAX 5 mg

HYDROcodone-acetaminophen 5 mg-325 mg tab (NORCO)

- 1 tablet orally every 4 hours as needed for moderate-to-severe pain

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morphine

- 0.05 milligram/kilogram intravenously every 4 hours as needed for severe pain , break through pain; MAX 2 mg

Antiemetics

ondansetron (ZOFRAN)

- 0.1 milligram/kilogram intravenously every 6 hours as needed for nausea/vomiting MAX dose 4 mg

If MRSA/MSSA Positive SELECT:

mupirocin 2 % nasal ointment (BACTROBAN)

- 0.5 gram in each nostril 2 times a day for a total of 10 doses (Label for home use if patient discharged before completing all 10 doses)

Provider Signature: _____ Date: _____ Time: _____